1652



Patent Attorney's Docket No. <u>024705-077</u>

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Pa	tent Application of )		RECEIVED							
Yoshihi	) de HAYASHIZAKI et al.	Group Art Unit: 1652	MAR 2 1 2003							
Applicat	ion No.: 09/254,344 )	Examiner: R. Hutson	TECH CENTER 1600/290							
Filed: S	September 3, 1999 )	Confirmation No.: 6838								
For:	RNA POLYMERASE ) )	<b>X</b>	)ATE: -							
AMENDMENT/REPLY TRANSMITTAL LETTER										
Assistant Commissioner for Patents Washington, D.C. 20231										
Sir:		·								
Enclosed is a reply for the above-identified patent application.										
. []	A Petition for Extension of Time is also enclosed.									
[]	[ ] A Terminal Disclaimer and the [ ] \$55.00 (2814) [ ] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.									
[X]	Also enclosed is/are a sequence listing on paper and disk copy, and Declaration  Pursuant to 37 C.F.R. §§ 1.821-1.825.									
[]	[ ] Small entity status is hereby claimed.									
[]	[ ] Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [ ] \$375.00 (2801) [ ] \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).									
	[ ] Applicant(s) previously submitted requested.	, on, for which continued e	examination is							
[]	Applicant(s) request suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.									
[ ]	A Request for Entry and Consideration of (1809/2809) is also enclosed.	f Submission under 37 C.F.R.	§ 1.129(a)							

(02/03)

[X] No additional claim fee is required.

[ ] An additional claim fee is required, and is calculated as shown below:

	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	-	MINUS = .		× \$18.00 (1202) =	
Independent Claims		MINUS =		× \$84.00 (1201) =	
If Amendment adds mu	ltiple depend	ent claims, add \$280	0.00 (1203)		
Total Amendment Fee					
If small entity status is o	claimed, sub	ract 50% of Total A	mendment Fe	ee	
TOTAL ADDITIONA	L REE DUE	FOR THIS AMEN	DMENT	10 (C. 10) (10) (C. 10) (C. 10	n

[	]	A claim fee	in the	amount of \$	_ is enclosed.
[	]	Charge \$		to Deposit Account 1	No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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Date: March 18, 2003

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